

Resident Name	Property Address	Date Inspected	Signature/Number of Certified Home Inspector

This Log lists 15 properties. Please attach additional copies as necessary.



Certifying Home Inspector _____

Name (signed)

Cert #

Date Signed

Printed Name _____

Applicant Name _____

TO BE COMPLETED BY CERTIFIED HOME INSPECTOR

The Board will rely on your answers to the questions below in determining whether or not this applicant should be issued a certification to conduct home inspections in Arizona. Please recognize the importance of this information and give due care to your responses. Use additional pages if necessary.

Your Name _____ Address _____

City, State, Zip _____ Telephone _____

Is this applicant related to you by blood or marriage? Yes ☐ No ☐

Give the last date you personally supervised and examined the applicant's work: Date _____

From your personal knowledge, your appraisal of the applicant would be:

Rating Factors	Excellent	Very Good	Adequate	Below Par	Poor	Don't Know
Quality of Work						
Technical Knowledge						
Professional Attitude						
Professional Judgement						
Character & Reputation						

REMARKS: _____

Do you believe the applicant is qualified for certification? Yes ☐ No ☐ Don't Know ☐

If you marked "No" or "Don't Know" please explain on a separate sheet.

I swear or affirm under penalty of law that the parallel inspections identified on the attached log and signed off by me were conducted by the identified applicant and were reviewed by me. I certify that these inspections meet the requirements of R4-30-301.01

Signature _____

Date _____